Access to Primary Care Providers

Overview

- Both the Washington State Department of Health and the Washington State Department of Social and Health Services are concerned with promoting adequate access to health care across Washington.
- The Office of Community and Rural Health (OCRH) at the Washington State Department of Health connects communities and resources to develop access to care and sustainable health care systems across the state. OCRH works with local health jurisdictions to assess the need for providers locally, and provides technical assistance to providers and facilities on federal grants, health professional support programs, and health facility support programs. OCRH Website: http://www.doh.wa.gov/hsqa/ocrh
- OCRH has worked with individual local health jurisdictions to conduct provider surveys to assess direct care provided by primary care providers in several local health jurisdictions. This work has often been part of efforts related to Health Professional Shortage Area and Medically Underserved Area designations. Surveys are voluntary but have experienced excellent response rates (95% or better). Surveys can provide a good indication of access to primary care within counties, and taken as a group may indicate system-wide issues.
- The Health and Recovery Services Administration (HRSA) at the Washington State Department of Social and Health Services has an Access Measurement Workgroup which has been monitoring access to care for Medical Assistance eligible clients. Analyses are based on claims data for fee-for-service clients. About 27% of Medicaid children were covered by Medicaid fee-for-service in 2003.[1]
- HRSA Access Website: http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/
- Currently, there is no comprehensive statewide database to assess access to health care providers across Washington. Assessing access is further complicated by the varied mix of payer types across the state, and the limitations on access by payer type.

Structure of the Primary Care Delivery System

- Primary care services are delivered by providers in private practice, as part of health maintenance organizations (HMO), at Federally Qualified Health Centers (primarily for uninsured and underinsured individuals), and at Rural Health Clinics, Tribal Centers and in residency programs. *(See Safety Net Services section for a description of Federally Qualified Health Centers, Rural Health Clinics, Tribal Centers and Residency Programs)*
- This structure of primary care services varies across counties in Washington. The distribution of the population that is uninsured, publicly insured and privately insured also varies, as does the proportion in managed care. Consequently, issues with access to care vary across Washington.[2]

[1] DSHS Human Services in Your County, July 2002-June 2003, Washington State Department of Social and Health Services, Research and Data Analysis Division. Accessed from http://www1.dshs.wa.gov/excel/ms/rda/2003/state.xls 6/01/05.

[2] Schueler V. Access to Primary Care and Other Healthcare Services in Washington: Recent Results. Washington State Department of Health, Office of Community and Rural Health, November 19, 2004.

Data Sources and Measures

- OCRH has used two primary measures to monitor access to primary care: the number of primary care physician full time equivalencies (FTEs) and the physician FTE to population ratio. The physician FTEs takes the number of primary care physicians identified through provider surveys and adjusts for part-time hours and hours not spent in direct patient care (1FTE=40 hours of direct patient care/week). Primary care includes family practice, obstetrics and gynecology, general internal medicine and pediatrics. These two measures are stratified by the payer type, by urban/rural status, and calculated for new and existing clients.
- HRSA Access Measurement Workgroup has used three measures to monitor access to care for its fee-for-service population. These measures include the number of active providers, the ratio of providers to 1000 clients, and the proportion of clients being served by the top quartile of active providers. ("Active Providers" is the number of physicians or Advanced Registered Nurse Practitioners (ARNPs) that had at least one patient visit in a given time period.) Two additional measures will be added in future reports: the ratio of the number of fee-for-service visits per 1000 active physicians, and the number of visits per 1000 eligible fee-for-service clients. HRSA presents data for primary care providers (including general practice, family practice, pediatrics and internal medicine) and specialty providers.
- Several differences in measurement make comparisons across the information from these two offices difficult. These differences include: definition of primary care providers (i.e., which specialties are included and whether mid-level providers are included); client population (Fee-for-service Medicaid clients vs. total county population); source of information (billing data vs. provider self-report); time frame (quarters of year vs. time of surveys across several years) and geographic scope (statewide vs. aggregation of county-specific surveys which excludes out-of-county services).

Trends from OCRH Investigations:

- Primary care capacity in urban areas appears to be declining slowly while it is improving slowly in rural areas.
- Many counties are showing stress in their overall primary care provider capacity (>2000 population: 1 provider): Okanogan (Tonasket only), Clallam, Clark, Grant, Grays Harbor, Kitsap, Mason, Snohomish, and Whatcom (Note: This is not an exhaustive list as not all counties have been surveyed).
- Stressed counties are more likely to be rural Western Washington counties (especially those with a limited safety net capacity), urban counties with a limited safety net capacity and counties with rapidly growing Hispanic populations.
- Primary care provider capacity for low-income population is somewhat worse than overall capacity.
- Access for new clients is difficult, especially in urban counties and for publicly funded clients. Among 7 urban counties combined, only 24% of primary care physicians reported accepting new Medicaid fee-for-service clients without restrictions.
- Counties with strong primary care provision through safety net providers (such as Federally Qualified Health Centers, Rural Health Centers and primary care residency programs) are more likely to have better access for new patients compared to counties with providers primarily in private practice.

- Capacity to serve the uninsured is very limited almost everywhere.

Trends from HRSA Access Measurement Workgroup Investigations[3,4,5]

- Statewide, the number of active fee-for-service providers has been increasing about 3.0% per year since 1998.
- Statewide, the ratio of active fee-for-service primary care providers per 1000 clients increased 9.8% from 18.4 per 1000 in CY 2003 to 20.2 per 1000 in CY 2004. This increase was observed in 27 of 39 Washington counties.
- The top quartile of primary care providers saw 69% of the fee-for-service office visits over the last four years. This measure monitors the distribution of services by providers. If services were evenly distributed across providers, the top quartile of providers would see 25% of the office visits.
- Access to obstetric care:
    - The number of physicians delivering Medicaid fee-for-service clients did not decrease from SFY 2000-2003.
    - The number of deliveries per provider increased over this time period, which is consistent with trends in the number of Medicaid-paid deliveries and changes in the proportion of women enrolled in fee-for-service.

Issues

- Statewide assessment of access to care is not possible due to the lack of a database with all primary care providers in Washington, and lack of common measures for monitoring access to providers.
- Data currently available on access is not specific to Maternal and Child Health populations; most notably, children with special health care needs, pregnant women, women of reproductive age, and teens.
- Data currently available on access focus on the geographic availability of providers and availability by payer type. Other components of access, such as provider hours, accessibility of provider offices to people with disabilities, wait times, and languages spoken by provider and staff are not addressed.

[3] Health and Recovery Services Administration Fee-For-Service Physican and ARNP Participation, SFY 2004 Update. Washington State Department of Social and Health Services, Health and Recovery Services Administration, 2005.
http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/SFY2004PreliminaryUpdateFinal.pdf

[4] Measuring Fee-For-Service Physican and ARNP Participation and Client Access To Care – Baseline Measures. Washington State Department of Social and Health Services, Health and Recovery Services Administration, 2004.
http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/Phase1ReportFinal.pdf

[5] Health and Recovery Services Administration Fee-For-Service Physican and ARNP Participation, CY 2004 Update. Washington State Department of Social and Health Services, Health and Recovery Services Administration, 2005.